12/03/2020 10 : 32

PAGE 1/3

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

(a) Name of Individual, Organization or Corporation				
American Bankers Association				
(b) Address (number and street) check if different than previously reported 1120 CONNECTICUT AVENUE	3. FEC Identification Number			
(c) City, State and ZIP Code	C C30002851			
WASHINGTON DC 20036				
2. Occupation and Name of Employer (for Individual Filers Only)				
4. COVERED PERIOD: FROM 12 03 7 2020 THROUGH	12 03 2020			
5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on	M / D D / Y Y Y Y			
6. (a) DATE OF PUBLIC DISTRIBUTION(S) 12 03 2020				
(b) COMMUNICATIONS TITLE Perdue				
7. THE FILER IS: (a) an Individual (b) 🗷 a Corporation or Labor Organization making	communications under 11 CFR 114.10			
(c) an Unincorporated Organization (d) Other, specify:				
8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?	x No			
9. CUSTODIAN OF RECORDS				
(a) Name				
Coit, Elizabeth, , ,				
(b) Address (number and street) 1120 CONNECTICUT AVENUE				
(c) City, State and ZIP Code				
WASHINGTON DC	20036			
(d) Name of Employer or Principal Place of Business	(e) Occupation			
American Bankers Association VP, Natio	nal Political Director			
10. TOTAL DONATIONS THIS STATEMENT	0.00			
11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT	1000000.00			
Under penalty of perjury I certify that this statement is true, correct and complete.				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE				
Fallon, Laena, , ,	[Electronically F 12/03/2020			
	Lacon omening 1			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the	ne penalties of 52 U.S.C. § 30109.			

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

PAGE 2 OF 3

Per	son(s) Sharing/Exercising Control		
A.	(a) Name Fallon, Laena, , ,	Transaction ID: 202012b	
	(b) Address (number and street) 1120 CONNECTICUT AVENUE		
	(c) City, State and ZIP Code WASHINGTON	DC 20036	
	(d) Name of Employer or Principal Place of Business AMERICAN BANKERS ASSOCIATION	(e) Occupation Senior Advisor	
B.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
C.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
D.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
E.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3	OF	3
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A. Full Name (Last, First, Middle Initia	I) of Pavee		Date of Disbursement or Obligation				
Revolution Media Group	•		12 03 2020				
•			12 00 2020				
Mailing Address of Payee 500 Montgomery Street Suite 260			Amount 1000000.00				
City	State Zip Code		1000000.00				
Alexandria	VA	22314	Communication Date				
Name of Employer	Occupa	ation	M M / D D / Y Y Y				
			12 03 2020				
Purpose of Disbursement (Including title(s) of communication(s)) Perdue Electioneering Communication - TV			Transaction ID : 202012				
Name of Federal Candidate	Office Sought:	House State: GA	Disbursement/Obligation For: 2020				
Perdue, David, , ,		X Senate District:	Primary General				
Transaction ID : 202012a		President	Other (specify)				
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:				
		Senate District:	Primary General				
		President	Other (specify)				
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:				
	-	Senate District:	Primary General				
	-	President District:	Other (specify)				
		Fresiderit					
B. Full Name (Last, First, Middle Initia	l) of Payee		Date of Disbursement or Obligation				
Mailing Address of Payee			Amount				
			Amount				
City	State	Zip Code					
			Communication Date				
Name of Employer	Occupa	ition	M M / D D / Y Y Y Y				
Purpose of Disbursement (Including	Purpose of Disbursement (Including title(s) of communication(s))						
	0‴ 0 1: 5		Dishura ment/Obligation For				
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For: Primary General				
		Senate District:					
		President	Other (specify)				
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:				
		Senate District:	Primary General				
		President President	Other (specify)				
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:				
		Senate	Primary General				
		President District:	Other (specify)				
SUBTOTAL of Disbursements/Obligations This Page (optional)							
(carry total from last page to	(carry total front last page to Line 11)						